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FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **1653**
Registrar's No. **4**

Registration District No. **34**

Primary Registration District No. **6239**

1. PLACE OF DEATH:

(a) County **Barry**
(b) City or town **Rural Exeter Twp.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME **Clifford James Thomas**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Georgia Gross Thomas** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Nov. 1, 1918**
(Month) (Day) (Year)

8. AGE: Years **22** Months **2** Days **22** If less than one day _____ hr. _____ min.

9. Birthplace **Sapulpa, Okla.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER

12. Name **Joseph Edgar Thomas,**
13. Birthplace **Barry Co. Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Emma Fisk**
15. Birthplace **Harvey County, Kans.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Emma Thomas,**
(b) Address **R. #1, Exeter, Missouri.**

17. (a) **Burial** (b) Date thereof **1-26, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **I.O.O.F. Cemetery**

18. (a) Signature of funeral director **Callaway**

(b) Address **Monett, Mo.**

19. (a) **Feb. 2 - 1941** (b) **Mrs. H.P. Searey**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barry**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Exeter Twp.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **22** year **1941** hour **2:00** minute **PM**

21. I hereby certify that I attended the deceased from **Dec. 1st** to **Jan 10th**, 1941, that I last saw him alive on **Jan 10th**, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death **Miliary Tuberculosis**

Due to **22 W**

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
(e) Means of injury _____

23. Signature **Searey** (M. D. or other) **Searey**
Address **Canville, Mo** Date signed **1-29-41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District H... Officer No: 6,

District File 141-245

Date Filed FEB 8 1947

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

J. D. Buchanan

Registered Apprentice No.

working under my personal supervision.

Signed

J. D. Buchanan

Licensed Embalmer No.

3179

P. O. Address

Monett, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.